



## Development Permit Application

Please Print Clearly

Community Development Agency  
17575 Peak Ave  
Morgan Hill, CA 95037-4128  
Phone: (408) 778-6480  
Fax: (408) 779-7236  
[www.morganhill.ca.gov](http://www.morganhill.ca.gov)

**Building Address** \_\_\_\_\_ **Suite #** \_\_\_\_\_  
**Assessor's Parcel #** \_\_\_\_\_ **Tract/PM #** \_\_\_\_\_ **Lot #** \_\_\_\_\_  
**Geologic Hazard Zone:** ☐ Yes ☐ No **Flood Zone:** ☐ Yes ☐ No **Year Built** \_\_\_\_\_

### Property Owner:

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email \_\_\_\_\_  
☐ Owner / Builder ☐ Owner w/ Contractor

### Architect / Designer:

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email \_\_\_\_\_  
License # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### Contractor:

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email \_\_\_\_\_  
State License # \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
MH Bus. License # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### Business Owner / Tenant:

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email \_\_\_\_\_

### Engineer:

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email \_\_\_\_\_  
License # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### Workers' Compensation Information:

Carrier \_\_\_\_\_  
Name of Agent \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Policy # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

☐ Residential ☐ Commercial / Industrial Type: ☐ New ☐ Addition ☐ Alteration ☐ Repair ☐ Demolition

**Description of Proposed Work:** \_\_\_\_\_

**Construction Valuation \$** \_\_\_\_\_  
(Labor & Material)

Commercial Floor Area _____ (sq ft)	Number of Units _____	Existing Fire Sprinklers:
Residential Floor Area _____ (sq ft)	Number of Stories _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Garage Floor Area _____ (sq ft)	Number of Bedrooms _____	
Deck _____ (sq ft)	Number of Bathrooms _____	Grading:
Porch _____ (sq ft)	Type of Construction _____	Cubic Yards Cut: _____
Patio Cover _____ (sq ft)	Occupancy Group _____	Cubic Yards Fill: _____
Accessory Structure _____ (sq ft)	Occupancy Load _____	

### Office Use Only

Date Submitted: \_\_\_\_\_ Permit #: \_\_\_\_\_ Master Plan #: \_\_\_\_\_  
Plan Check Fee: \_\_\_\_\_ LRP Fee: \_\_\_\_\_ Total: \_\_\_\_\_

**Check Applicable**

☐ Building      ☐ Electrical      ☐ Mechanical      ☐ Plumbing      ☐ Grading      ☐ Fire

**Electrical Permit**

No. Receptacles/Outlets:\_\_\_\_\_ No. Switches:\_\_\_\_\_ No. Lighting Fixtures:\_\_\_\_\_ ☐ Conduit ☐ Conductors  
☐ Disconnect ☐ EV Charger ☐ Generator ☐ Sign ☐ Irrigation Pedestal ☐ Meter Upgrade:\_\_\_\_\_ Amps  
☐ Motors ☐ Photovoltaic ☐ Pool Pump ☐ Spa ☐ Sub Panels: \_\_\_\_\_No. ☐ Temp Power Pole  
☐ Temp Service Panel ☐ Temp Power Distribution Systems: No.\_\_\_\_\_ ☐ Other \_\_\_\_\_

**Mechanical Permit**

☐ Condensing Unit (A/C) ☐ Ducts ☐ Evaporator Coil ☐ Fans ☐ Furnace: \_\_\_\_\_ BTU's ☐ New ☐ Replacement  
☐ Gas Fireplace ☐ Kitchen Hood ☐ Pool Equipment ☐ Other \_\_\_\_\_

**Plumbing Permit** (Note: Additional Commercial Plumbing Maybe Be Subject To Public Works Impact Fees)

☐ Re-pipe Fixtures: No. Sinks\_\_\_\_\_ No. Tubs \_\_\_\_\_ No. Showers\_\_\_\_\_ No. Toilets \_\_\_\_\_ No. Traps\_\_\_\_\_

☐ Back Flow ☐ Building Sewer ☐ Gas Test ☐ Gas Line: No. Outlets\_\_\_\_\_ ☐ Gas Meter Upgrade ☐ Grease Interceptor

☐ Roof Drain ☐ Sewer Drain ☐ Sewer Lateral ☐ Storm Drain ☐ Thermal Solar ☐ Water Heater ☐ Water Service

☐ Other: \_\_\_\_\_

**Fire Permit**

☐ Fire Alarm ☐ Fire Sprinklers ☐ Suppression System ☐ Underground Piping/Hydrant System ☐ Other \_\_\_\_\_

**Re-roof Permit** (Note: Class 'A' Roof Is Required For Any Home(s) Inside The Fire Hazard Zone)

Removing \_\_\_\_\_ Installing \_\_\_\_\_ No. of Squares\_\_\_\_\_ Pound of Felt \_\_\_\_\_

Life Time of Roof: ☐ 30yr. ☐ 40yr. ☐ 50yr. Sheathing Thickness\_\_\_\_\_ ☐ New ☐ N/A

Skylight(s) / Sun Tunnel(s) Being Installed? No.\_\_\_\_\_ ☐ New ☐ Replacement ☐ N/A

**Plan Check Responses To Be Sent To** (Please check only one)

☐ Owner ☐ Architect / Designer ☐ Engineer ☐ Contractor E-mail Address:\_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only****Fees:**

Building Permit		Counter Plan Check		Bus. Lic. Base	
Add't Plan Check		LRP Fee 15% - PC		Bus. Lic. App. Rev.	
Electrical		Microfilm		Bus. Lic. Zoning	
Mechanical		CBSC		Bus. Lic. SB1186	
Plumbing		Investigation/Red Tag		Photo Copies	
Fire		Addressing		Permit Pouch	
LRP Fee - 15%		Geotechnical		Other	
Seismic		Bldg Compliance		<b>Total Fees:</b>	